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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/524,493
	Filing Date	06/08/2006
	First Named Inventor	Mark Geach
	Title	Composition for dietary enrichment
	Art Unit	1655
	Examiner Name	LEITH, Patricia
Attorney Docket Number		

I hereby revoke all previous powers of attorney given in the above-identified application.

- ☒ A Power of Attorney is submitted herewith.
- OR
- ☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
- OR
- ☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number
Power of Attorney: The inventor, Dr. Mark Geach will now act in respect of application 10/524,493. I no longer use Art Crawford of Nixon & Vanderhye.	
 02.25.2011	

Please recognize or change the correspondence address for the above-identified application to:

- ☐ The address associated with the above-mentioned Customer Number.

OR

- ☐ The address associated with Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Dr Mark Geach		
Address	104 West Grande Avenue		
City	Escondido	State	CA
Country	USA	Zip	92025
Telephone	310 593 1012	Email	info@zoollife.com

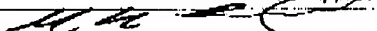
I am the:

- ☒ Applicant/Inventor.

OR

- ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Applicant or Assignee of Record

Signature		Date	02.25.2011
Name	Mark Geach	Telephone	310 593 1012
Title and Company	Inventor, Zoollife CEO and President		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

- ☒ \*Total of two forms are submitted.

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